



12-18-03

2655 \$

DEC 16 2003

Please type a plus sign (+) inside this box



PTO/SB/21 (12/97)  
Approved for use through 9/30/2000. OMB 0651-0031  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/823,852
	Filing Date	March-29, 2001
	First Named Inventor	Miyagawa, N.
	Group Art Unit	2655
	Examiner Name	Gautam Patel
Total number of pages in this submission	Attorney Docket Number	P029 / 03-2454

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits(s)/declaration(s) <input type="checkbox"/> Extension of time reques <input type="checkbox"/> Express Abandonment Reques <input type="checkbox"/> Information Disclosure Statemen <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Assignment Papers <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Paper <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosures (please identify below): <b>1. Return address postcard for PTO mailroom to date stamp. Request for 3 month extension of time</b>
Remarks		Response to Restriction Requirement

RECEIVED  
DEC 23 2003  
Technology Center 2600

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Individual Name	Sandeep Jaggi, Reg. No. 43,331, Phone: [+1] 408-433-7475
Signature	
Date	12/15/03

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: December 15, 2003	
Typed or printed name	Manu Kashyap, Phone: [+1] 408-433-7475
Signature	
Date	12/15/03

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO : Assistant Commissioner for Patents, Washington, DC 20231.